

If you have questions, please call us at **866.529.2228**,  
Monday–Friday, 7 a.m. to 7 p.m. (Central).

## 1. Current Account Information (Required)

Account Number: \_\_\_\_\_

Account Owner Name (First, M.I., Last): \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

## 2. Update Account Owner or Beneficiary Name

This name change applies to the:

- Account Owner**
- Beneficiary**

Former Name (First, M.I., Last): \_\_\_\_\_

New Name (First, M.I., Last): \_\_\_\_\_

Reason for change:

- Marriage (attach copy of marriage certificate)**
- Divorce (attach divorce decree)**
- Other (please specify and attach any appropriate legal documents):** \_\_\_\_\_

## 3. Update Account Owner or Beneficiary Address

This name change applies to the:

- Account Owner**
- Beneficiary**

Street Address (no P.O. Boxes): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## 4. eDelivery

- Select this option to sign up to receive quarterly account statements, Program Disclosure Statements, Supplements, compliance materials, Plan News, and Updates via electronic delivery.

**IMPORTANT: You will receive a confirmation email from CollegeCounts that will enable you to complete the eDelivery signup and selection process.**

I request that email notifications be sent to the following email address:

\_\_\_\_\_

I consent to the delivery of documents that are governed under the CollegeCounts Electronic Delivery of Documents.

I understand that when a document or statement is available, I will receive an email notification from CollegeCounts. The email will include a link to the CollegeCounts secure site, where it can be viewed and downloaded.

You may revoke this election at any time.

## 5. Authorization

By signing below, I certify that I am the Account Owner of the Account indicated on this form and that the information contained herein is true, complete, and correct.

I acknowledge that, if this form is electronically signed, my electronic signature will have the same legal validity and enforceability as a manually executed signature or handwritten signature to the fullest extent permitted by applicable law, including the Federal Electronic Signatures in Global and National Commerce Act, the Uniform Electronic Transactions Act or any similar state law based on the Uniform Electronic Transactions Act. I acknowledge that any electronic signature must be a certificate-based digital signature, and that any electronically signed form must be accompanied by a digital signature certificate or a digital signature audit trail containing, at a minimum, information regarding the date and time the electronic signature was executed, as well as the following personally identifying information of each signer: the signer's legal name, email address, and internet protocol address. I understand that this form may not be signed using Adobe Acrobat Reader's "Fill & Sign" and "Adobe Sign" features or any other electronic signature method that does not produce an acceptable certificate-based digital signature.

### Signature and Date Required

<b>X</b> _____	_____
Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee	Date
_____	
Print Name Here	
_____	
Title (if other than an individual)	



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